



QUICK REFERENCE GUIDE

for

Providers

August 2009



Women's Health Check

- Women's Health Check provides breast cancer screenings to women 50-64 years of age, and cervical cancer screenings to women 40-64 years of age, who have no insurance for screening services and limited family income.
- Women's Health Check is funded by the Centers for Disease Control and Prevention (CDC) as a cooperative agreement with the state of Idaho through Local Coordinating Contractors (LCC), which may be your local Health Department or a community clinic.
- Nationally, the program is known as the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).
- Since July 1, 2001, women who have been screened and/or diagnosed with breast or cervical cancer through Women's Health Check may be eligible for treatment through Idaho Medicaid (BCC Medicaid). Women must be under 65, a US Citizen or an eligible alien, and have no creditable insurance.

Women's Health Check



BREAST SCREENING

Eligibility Guidelines

- **Women aged 50 to 64:** clinical breast exam, mammogram
- **Low Income:** see chart below
- **No health insurance coverage for mammogram**
- **Women over age 65** who are NOT eligible for Medicare or do not have Medicare Part B
- **U.S. Citizen or Eligible Alien**

Limited Enrollment Guidelines for Uninsured Women:

- **Women aged 30 to 49** with symptoms suspicious of breast cancer or with an abnormal screening requiring further testing
- Health care professional must complete *Limited Enrollment Approval* form

Program Includes:

- Annual clinical breast exam
- Annual mammogram
- Follow-up diagnostic tests as needed

2009 Income Guidelines <200% Federal Poverty Level

Family Size	Yearly Income	Monthly Income
1 person	\$21,660	\$1,805
2 people	\$29,140	\$2,428
3 people	\$36,620	\$3,052
4 people	\$44,100	\$3,675
5 people	\$51,580	\$4,298
For each additional person, add	\$ 7,480	\$ 623

Women's Health Check

CERVICAL SCREENING



Eligibility Guidelines

- **Women aged 40 to 64:** Pap test for those with intact cervix (or personal history of cervical cancer)
- **Low Income:** see chart below
- **No health insurance coverage for a Pap test**
- **Women over age 65** who are NOT eligible for Medicare or do not have Medicare Part B
- **U.S. Citizen or Eligible Alien**

Limited Enrollment Guidelines for Uninsured Women:

- **Women aged 30 to 39** with symptoms or a Pap result suspicious for cervical cancer requiring further testing
- Health care professional must complete *Limited Enrollment Approval* form

Program Includes:

- Conventional Pap test every 12 months
- Liquid-based Pap test every 24 months
- Follow-up diagnostic tests as needed

Note: Women who have not had a Pap test in the last five years are at high risk for cervical cancer and are a priority for enrollment.

2009 Income Guidelines <200% Federal Poverty Level

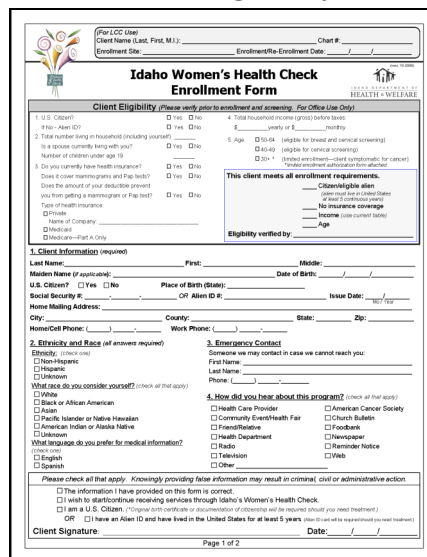
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Women's Health Check

Enrollment

- All Local Coordinating Contractors (LCC) can enroll eligible clients. In some areas, private providers may also enroll clients. Discuss this with your LCC to determine which method you should use to enroll your patients.
- The program is a screening and diagnostic program. Your patients will need to be enrolled and obtain a service through the program **prior to diagnosis** to be eligible for treatment coverage.
- The enrollment form's "Client Eligibility" box should be completed by the enrollment site. The client should complete the remaining questions and sign the enrollment **before** sending it to your LCC.
- Send a copy of potential insurance if applicable.
- Send a copy of alien ID if applicable.

Client Eligibility*



Idaho Women's Health Check Enrollment Form

Client Eligibility (Please verify prior to enrollment and screening - For Office Use Only)

1. U.S. Citizen? ☐ Yes ☐ No
 If No - Alien ID: _____
 2. Total number living in household (including yourself): _____
 Is a spouse currently living with you? ☐ Yes ☐ No
 Number of children under age 18: _____
 3. Do you currently have health insurance? ☐ Yes ☐ No
 Does it cover mammograms and Pap tests? ☐ Yes ☐ No
 Does the amount of your deductible prevent you from getting a mammogram or Pap test? ☐ Yes ☐ No
 Type of health insurance: _____
 Name of Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Home/Cell Phone: (_____) _____
 Work Phone: (_____) _____

1. Client Information (required)
 Last Name: _____ First: _____ Middle: _____
 Maiden Name (if applicable): _____ Date of Birth: ____/____/____
 U.S. Citizen? ☐ Yes ☐ No Place of Birth (State): _____
 Social Security #: _____ OR Alien ID #: _____ Issue Date: ____/____/____
 Home Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Home/Cell Phone: (_____) _____
 Work Phone: (_____) _____

2. Ethnicity and Race (all answers required)
 Ethnicity (check one)
☐ Non-Hispanic
☐ Hispanic
☐ Unknown
 What race do you consider yourself? (check all that apply)
☐ White
☐ Black or African American
☐ Asian
☐ Pacific Islander or Native Hawaiian
☐ American Indian or Alaska Native
☐ Unknown
 What language do you prefer for medical information?
☐ English
☐ Spanish
☐ Other: _____

3. Emergency Contact
 Someone we may contact in case we cannot reach you:
 First Name: _____
 Last Name: _____
 Phone: (_____) _____

4. How did you hear about this program? (check all that apply)
☐ Health Care Provider ☐ Cancer Society
☐ Community Event/Health Fair ☐ Church Bulletin
☐ Friends/Relative ☐ Foodbank
☐ Health Department ☐ Newspaper
☐ Radio ☐ Reminder Notice
☐ Television ☐ Web
☐ Other: _____

5. Client Eligibility
 This client meets all enrollment requirements.
☐ Client is eligible
☐ No insurance coverage
☐ Income (over current limits)
☐ Age
 Eligibility verified by: _____

Please check all that apply. Knowingly providing false information may result in criminal, civil or administrative action.
☐ The information I have provided on this form is correct.
☐ I wish to start/receive screening services through Idaho's Women's Health Check.
☐ I am a U.S. Citizen. (If you wish to verify or documentation of citizenship will be required should you need treatment.)
 OR ☐ I have an Alien ID and have lived in the United States for at least 5 years. (You must also have no criminal record.)
 Client Signature: _____ Date: ____/____/____

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*The Client Eligibility is located on the Enrollment Form.

Women's Health Check



Limited Enrollment

- Limited enrollment is for women 30-49 years old who have an abnormal breast or cervical test or exam that is suspicious for cancer. Please contact your LCC as soon as you identify an abnormality.
- If you have a client needing services in this age group, complete the Enrollment and *Limited Enrollment Approval* form. Send both forms to your LCC.
- Each LCC has a designated case manager who is able to assist you with identifying which services are available for your clients.

Limited Enrollment Approval
(over 2008)

- Uninsured women age 40 – 49 at high risk and/or symptomatic for **breast cancer**
- Uninsured women age 30 – 39 symptomatic for **breast cancer**
- Uninsured women age 30 – 39 at high risk and/or symptomatic for **cervical cancer**

Client Name: _____ Age: _____ D.O.B.: _____

Enrollment based on the following clinical symptoms or risk factors for breast cancer:

Clinical Findings:
(Uninsured women age 30 – 49 can be enrolled if symptomatic)

☐ Unilateral ☐ Irregular boundaries
☐ Non-movable ☐ Tender ☐ Non-tender
☐ Discharge ☐ Scaling
☐ Dimpling or retraction ☐ Other: _____
☐ Confirmed by CBE, performed by: _____
☐ Confirmed by mammogram

Additional Information: ☐ Post menopausal

Risk Factors:
(Uninsured women age 40 – 49 can be enrolled if the following applies)

☐ Breast cancer hx: Self _____ Age at onset: _____
☐ Breast biopsy hx: Number of biopsies: _____
☐ Result of atypical hyperplasia
☐ Previous chest irradiation

Enrollment based on the following clinical symptoms or risk factors for cervical cancer:
(Uninsured women age 30 – 39 can be enrolled based on having at least one risk factor and/or symptoms for cervical cancer)

Clinical Findings:
☐ Previous abnormal pap/cervical cytology/colposcopy/biopsy
 Date of prior cytology and results if known: _____
 Date of colposcopy/ biopsy and results if known: _____
☐ HPV Positive Date: _____
☐ Hx of other sexually transmitted infections
☐ Abnormal bleeding ☐ Lesion – size _____
☐ Prior LEEP/Con ☐ Cervical Erosion

Additional Clinical Information (i.e. pertinent clinical history, physical findings, gynecological surgery):

Risk Factors:
☐ Never or rarely screened:
 (Defined by Centers for Disease Control as a risk factor)
☐ Has never had a Pap ☐ 5 years or more since last Pap smear
☐ Hx of reproductive cancer
☐ Tobacco use: Number of years _____

Based on information documented above, this client is at high risk and/or symptomatic for breast and/or cervical cancer. Client is not currently undergoing diagnostic workup. Enrollment in Women's Health Check for breast and/or cervical cancer screening is recommended.

Clinician: _____ Title: _____ Phone: _____ Date: _____

Contacting Clinic: _____

Submit with Enrollment Form

Forms are available on-line at www.HealthandWelfare.idaho.gov
under Women's Health in the eManual.

Women's Health Check

BREAST SCREENING

Service Summary

Screening Services for women 50-64

For women 30-49 with suspicious Clinical Breast Exam (CBE) or Mammogram (health care professional must complete Limited Enrollment Approval form).

Annual Screening Services:

- * Clinical breast exam
- * Mammogram

Diagnostic Services, if needed:

- * Repeat CBE and/or mammogram
- * Fine needle aspiration (FNA)
- * Ultrasound
- * Core-needle biopsy
- * Stereotactic breast biopsy
- * Incisional and excisional biopsies
- * Specialist consultation
- * Anesthesia associated with biopsy



Women's Health Check

CERVICAL SCREENING Service Summary

Screening Services for women 40-64

For women 30-39 with a finding suspicious for cervical cancer (health care professional must complete Limited Enrollment Approval form).

Screening Services:

- * Pelvic exam
- * Conventional Pap test every 12 months
or
- * Liquid Based Pap test every 24 months

Note: After three (3) consecutive normal Conventional or Liquid Pap tests the Pap interval changes to every 36 months.

Diagnostic Services, if needed:

- * Repeat Pap test
- * Colposcopy (with or without biopsy)
- * Specialist consultation
- * HPV testing, for triage of ASC-US
- * LEEP or Conization (requires preauthorization from the state office)



Women's Health Check

Clinical Breast Exam/Mammography

Expected Follow-up:

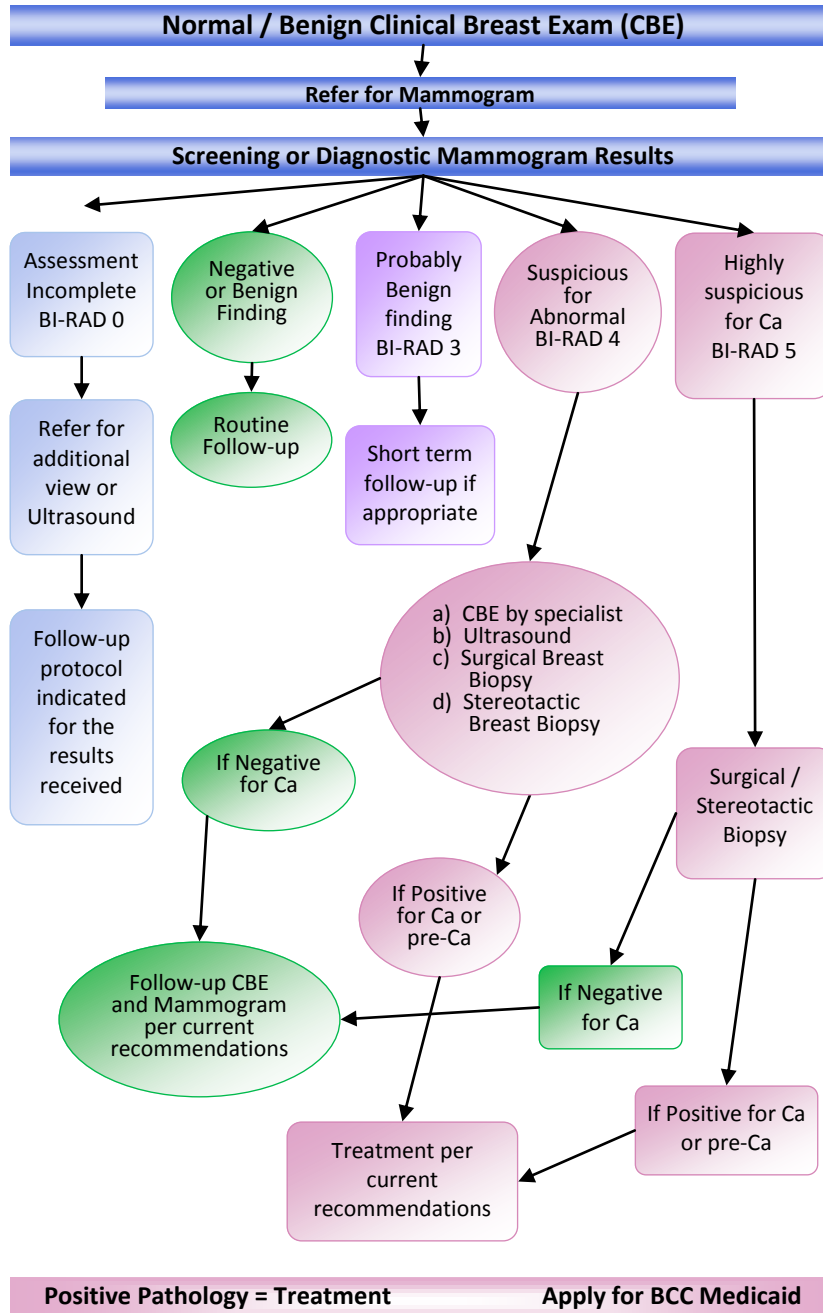


CBE	Mammogram	Diagnostic Procedures	Comments
Normal	<ul style="list-style-type: none"> Negative BI-RAD 1 Benign BI-RAD 2 Probably Benign BI-RAD 3 	No work-up needed. Short-term follow-up may be recommended.	
Normal	<ul style="list-style-type: none"> Suspicious Abnormally BI-RAD 4 	Repeat CBE Ultrasound Biopsy/lumpectomy or Fine needle aspiration	Record final diagnosis
Normal or Abnormal	<ul style="list-style-type: none"> Highly suggestive for Malignancy BI-RAD 5 	Biopsy/lumpectomy or Fine needle aspiration	Record final diagnosis
Normal	<ul style="list-style-type: none"> Assessment incomplete BI-RAD 0 	Additional mammography views or ultrasound	Record final diagnosis
Abnormal, Suspicious for cancer	<ul style="list-style-type: none"> Negative BI-RAD 1 	At least one of the following: ♦ Surgical consultation/ Repeat CBE	Record final diagnosis
Abnormal, Suspicious for cancer	<ul style="list-style-type: none"> Benign BI-RAD 2 Probably Benign BI-RAD 3 Assessment incomplete Benign BI-RAD 0 	<ul style="list-style-type: none"> ♦ Ultrasound ♦ Biopsy/lumpectomy ♦ Fine needle aspiration 	
Abnormal, Suspicious for cancer	<ul style="list-style-type: none"> Suspicious Abnormality BI-RAD 4 Highly Suggestive of Malignancy BI-RAD 5 	Biopsy/lumpectomy or Fine needle aspiration	Record final diagnosis

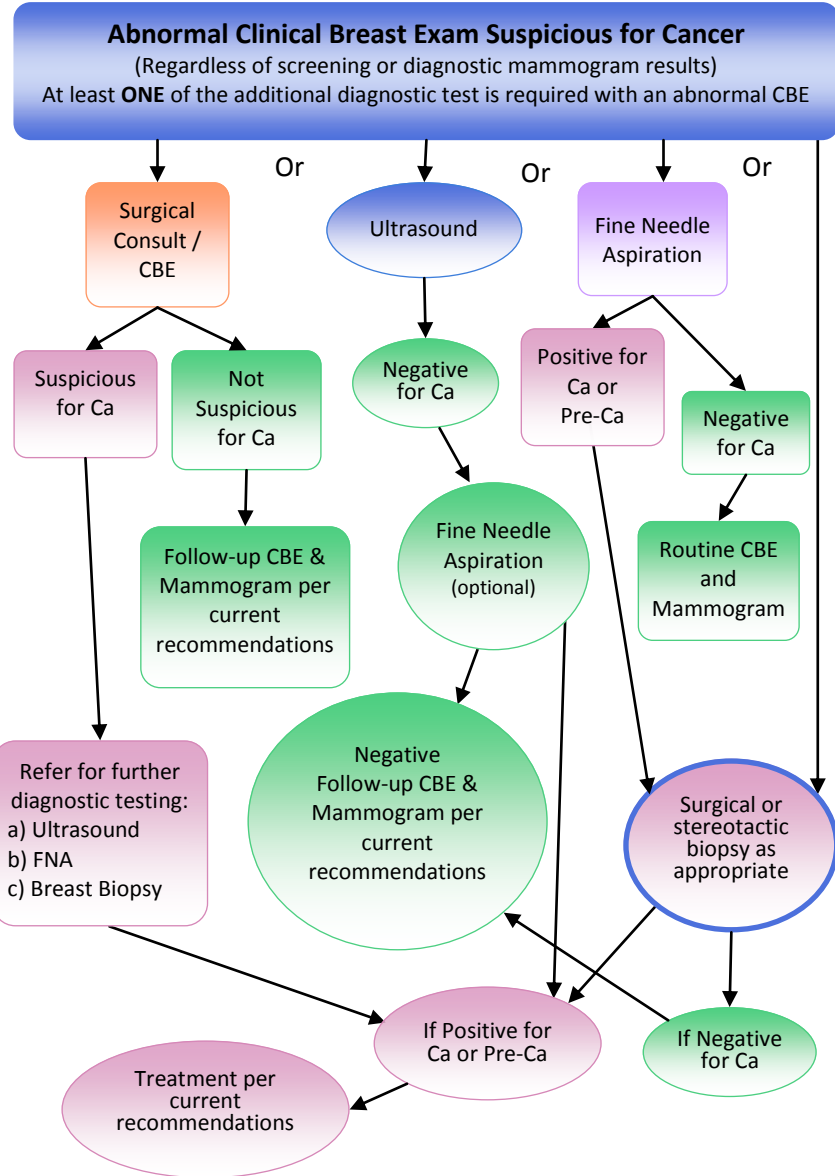
Minimum Expected Follow-up: Breast or Cervical

- ✓ Whenever there is an abnormal, suspicious for cancer test result, a diagnostic work-up **MUST** be planned and recorded.
 - All clients with *abnormal* findings receive a definitive diagnosis.
 - All *abnormal* findings are resolved and reported.
- ✓ The time between the dates of the *abnormal* test result to final diagnosis **MUST** be **no more than 60 days**.
 - All diagnostic workups are resolved and reported.
- ✓ The time between the date of diagnosis and initiation of treatment **MUST** be **no more than 60 days**.
 - All clients needing treatment are referred.
- ✓ In the case of unsatisfactory results, the test must be repeated and the results reported to *Women's Health Check*.

Women's Health Check



Women's Health Check



Positive Pathology = Treatment

Apply for BCC Medicaid

Women's Health Check

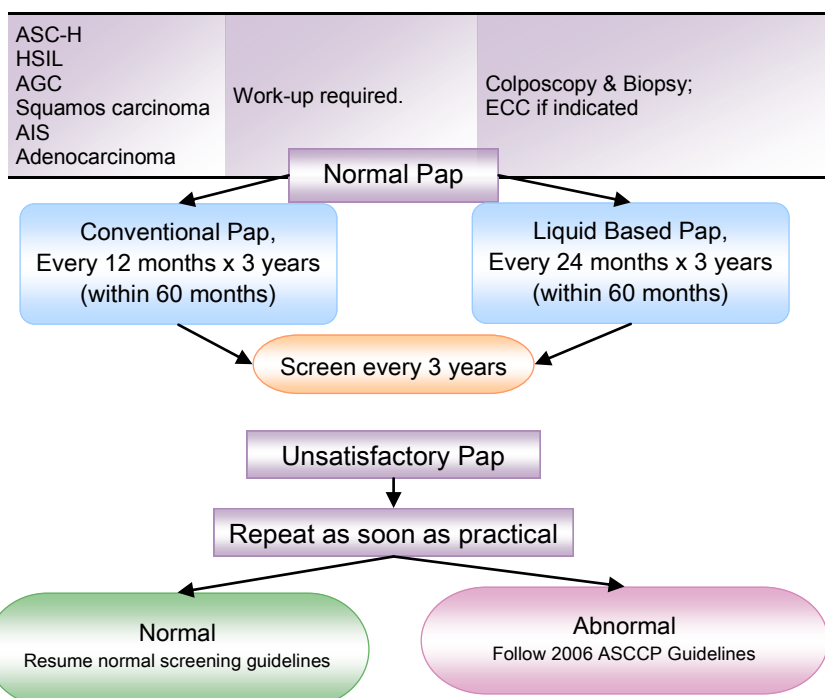


Pap Test

Expected Follow-up:

(Please consult 2006 ASCCP Guidelines for Individual Clinical Decision Making).

Negative		Repeat Pap in: •12 months if conventional, until 3 normal, then every 3 years •24 months if liquid based, until 3 normal, then every 3 years
Unsatisfactory		Repeat as soon as practical
ASC-US	HPV recommended, If HPV positive, work-up required: If no work-up planned:	Colposcopy & Biopsy Repeat Pap in 6 months x 2,
LSIL	Work-up recommended.	Colposcopy & Biopsy / ECC





Data Submission

- Enrollment forms are to be submitted to your Women's Health Check (WHC) Local Coordinating Contractor (LCC) within one week.
- All test or exam results must be reported to your WHC LCC within the week of service or as soon as test results are available. *Please discuss the best method of communication with your LCC contact.
- Mammograms must be reported using the accepted BI-RADs numerical categories.
- Pap test results must be reported using BETHESDA categories.
- CBE results must be recorded according to the categories listed in WHC Real Time or WHC Screening Form (paper).
- Any screening test considered suspicious for breast or cervical cancer must receive adequate and timely follow-up and appropriate case management. Your LCC case manager can assist you with scheduling diagnostic tests covered by WHC.

*** Your LCC submits test results to the state WHC program through the WHC Real Time system.**

Billing/Claims Submission

- Submit complete claim forms, within 90 days of service, to the WHC Third Party Administrator:
United Group Programs
Attn: Idaho Women's Health Check Program
2500 N. Military Trail, Suite 450
Boca Raton, FL 33431
1-800-413-1897
- Please do not bill WHC for services not covered by the program. Remember WHC services are limited. Please refer to the current WHC Current Procedural Terminology CPT Code list for services covered.
- Detailed information you provide to your LCC will help ensure payment for WHC services (claims are paid after results are reported to your LCC).

Women's Health Check



BCC Medicaid

- * Women who are screened and/or diagnosed through WHC most likely will be eligible for treatment through Medicaid. When you receive a pathology report that identifies the need for treatment, contact your LCC immediately.
- * Each LCC has an identified case manager available to assist you and your patient through Presumptive Eligibility. The process can usually be determined within 3 - 4 days.
- * Once approved for Medicaid, your client will have a care manager who works for the Department of Health and Welfare. She will assist your client during her treatment and is a good resource for questions concerning Medicaid coverage.

Returning to Women's Health Check

When your patient has completed her treatment for cancer, she will no longer be eligible for Medicaid. She is eligible to return to WHC for breast and cervical screening. Please contact your LCC to update your patient's enrollment.

Women's Health Check



Local Coordinating Contractors

<i>District</i>	<i>Phone Fax</i>	<i>Coordinator</i>
1 Panhandle District Health Department	Ph: 415-5100 Fax: 415-5101	Gail Turley
2 Public Health - Idaho North Central District	Ph: 799-3100 Fax: 799-0349	Susan Stutzman
3 Southwest District Health Department	Ph: 455-5300 Caldwell Fax: 454-7722 Ph: 365-6371 Emmett Fax: 365-4729	for Caldwell contact: Debbie Dobbs 365-6371 Debbie Dobbs
5 South Central Public Health District	Ph: 737-5900 Fax: 734-9502	Alice Hernandez
6 Southeast District Health Department	Ph: 233-9080 Fax: 234-7169	Julie Fagnant
7 Eastern Idaho Public Health District	Ph: 522-0310 Fax: 525-7063	Pat Fletcher
<i>Facility</i>	<i>Phone Fax</i>	<i>Coordinator</i>
9 Terry Reilly Health Services	Ph: 466-7869 Fax: 466-5359	Roxanne Ohlund
10 Family Medicine Residency of Idaho	Ph: 367-6030 Fax: 947-0913	Tonya Bowers
11 St. Alphonsus Breast Care Center	Ph: 367-3336 Fax: 367-3390	Cynthia Benson



Women's Health Check

Reference

ACRONYMS:

NL = Normal

ABNL = Abnormal

LSIL/HSIL = Low/High grade squamous intraepithelial lesions

ASC-US = Atypical squamous cells undetermined significance

ASC-H = Atypical squamous cells - Cannot exclude High Grade SIL

AGC-NOS = Atypical Glandular Cells - Not Otherwise Specified

ACIS = Adenocarcinoma in situ

HPV = Human papillomavirus

EMB = Endometrial Biopsy

CBE = Clinical Breast Exam

LCC = Local Coordinating Contractor for Women's Health Check

FNA = Fine Needle Aspiration

LEEP = Loop Electrosurgical Excision Procedure

BIRAD = Uniform reporting system for mammography results

CA = Cancer

Women's Health Check



Notes

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Notes



Women's Health Check

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IDAHO DEPARTMENT OF
HEALTH & WELFARE

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